

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010615

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1485

FILED APR 9 1963

## 1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Poplar Bluff

Length of stay in 1b  
1 Day

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VA. Hospital

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Stoddard

c. CITY  
OR  
TOWN Advance

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS Rt. 2. (If outside, give location)

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First  
RICHARD

Middle  
E.

Last  
HARRINGTON

4. DATE  
OF  
DEATH

Month  
APRIL

Day  
2

Year  
1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
10-26-19

9. AGE (last birthday)  
43

IF UNDER 1 YEAR  
Months Days Hours Min.  
IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer

10b. KIND OF BUSINESS OR INDUSTRY  
Laborer

11. BIRTHPLACE (City and state or country)  
Idle Wild, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Ernie Harrington

13b. MOTHER'S MAIDEN NAME

Rendie Hendrix

14. NAME OF HUSBAND OR WIFE

Glenda Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WW2

17. INFORMANT  
Address  
VA. Hospital Records, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN  
ONSET AND DEATH  
3 HOURS

CORONARY ARTERIOSCLEROSIS

15 YEARS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from 4-2-63 to 4-2-63 and last saw him alive on 4-2-63  
Death occurred at 8:45PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert S. Cohen M.D. Chief Med. Svc.

22b. ADDRESS

VA. Hospital Poplar Bluff, Mo.

22c. DATE SIGNED

4-3-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE  
4-4-63

23c. NAME OF CEMETERY OR CREMATORY

Morgan Mem. Cemetery Advance, Mo.

24. FUNERAL DIRECTOR

W. H. Morgan, Advance, Mo.

25. DATE RECD. BY LOCAL REG.

4-8-1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
10129  
21030  
3  
4 0  
5 1  
6  
7 0  
8 2  
9/201  
10  
11  
12 5-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision:

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Wm. H. Morgan*  
4640

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Advance, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.